TRANSACTIONS OF THE NEW YORK SURGICAL SOCIETY.

Stated Meeting, April 24, 1895.

The President, ROBERT ABBE, M.D., in the Chair.

SUBDURAL IMPLANTATION OF RUBBER TISSUE FOLLOWING TREPHINING.

DR. ABBE presented a man, thirty-five years of age, who, some years previously, had had syphilis. It had caused no further trouble after the early manifestations until within a year and a half, when, while looking out of a window, the patient had an epileptic seizure beginning in the right hand and passing into a general epileptic convulsion with loss of consciousness. He afterwards had repeated epileptic seizures of the same type, always commencing in the right hand. Until three months ago the seizures occurred at intervals of about a month, then began to be more frequent, and finally, before the operation, five weeks ago, occurred once or twice a day. A part of the time he had been under the care of Dr. Graeme M. Hammond, who had given the usual antisyphilitic and epileptic treatment, but without benefit. Dr. Hammond regarded the case as one of cortical irritation in the hand centre because of the uniform seizure of the hand first, and suggested operation. Dr. Abbe made a large horseshoe-shaped incision with the chisel, exposing an area of dura about two inches in diameter over the hand centre. The appearance of the dura was that of chronic pachymeningitis with unusual thickening. Two-thirds of a circle, an inch and a half in diameter, was cut into the dura, the flap, which was firmly adherent to the pia and brain beneath, had to be dissected up and was turned back. The dissection was difficult, but was done without injury to the brain substance. Radiating from the hand centre, the dura was found less and less adherent. Feeling that, if the parts were simply replaced and sutured, adhesions would form again and the patient would not be permanently benefited, he

thought of carrying out the method practised by Dr. Beach, of Boston, of inserting a piece of gold-foil between the brain and dura. Not having any at hand, he substituted a piece of sterilized gutta-percha tissue an inch in diameter. Primary union took place throughout the depth of the wound. Aside from a slight seizure in the hand at the end of forty-eight hours, the patient had been entirely free from his attacks since the operation, a period of eight weeks. The medical treatment had not been different from what it was before the operation.

As to the ultimate fate of the rubber tissue, he said it was a matter of conjecture with him as to what would become of it. He had never before implanted it. His impression was that it would remain embedded as a bullet might. The point to be gained, as far as one could see, was limitation of local irritation in the hand centre. He had seen Dr. Beach's case about two years ago, that of a girl in whom the attacks recurred after the first operation of freeing the dural adhesions to the brain. On this occasion nothing was done to prevent reformation of the adhesions. After about two months Dr. Beach reopened the wound and laid a piece of gold-foil between the dura and brain and closed the wound. He was criticised by those who thought adhesions would form around the circumference of the gold-foil and give rise to just as much irritation as had existed before. Dr. Abbe saw the patient about six months later, and there had been no recurrence of the attacks, and he understood there had been none since.

Dr. F. Tilden Brown mentioned a case which he had seen operated upon by Dr. A. J. McCosh. The patient had some arm symptoms, Dr. McCosh trephined, freed the dural adhesions to the brain, inserted a thin sheet of celluloid beneath the dura, closed the wound, and the patient was entirely relieved. For some reason the celluloid became displaced in the wound and the patient returned to the hospital. The wound was reopened in order to investigate the celluloid, and it was found to have become curled up at one end. Whether this had happened while it was being placed in position or subsequently was unknown. Shortly after the plate was taken out the patient began to complain again of his old discomfort and asked to have it replaced, which had been done and he had since left the hospital. Dr. Brown inquired of Dr. Abbe what means he had employed for incising the bone.

Dr. Abbe replied that he used the Hartley grooved chisel, making a horseshoe furrow, the furrow itself less than half an inch wide.

It had not been necessary to go through the deeper plate at all parts. The bone cracked easily when pried up from one margin. It was a matter of surprise, too, how easily the untouched bridge at the open end of the horseshoe cracked, and in a straight line, when the divided circle of bone was lifted.

ACTINOMYCOSIS HOMINIS.

DR. P. SYMS read an account of a case of actinomycosis.

DR. W. W. VAN ARSDALE said that his experience with actinomycosis in this country had been limited. He had had opportunity to see several cases abroad, and one of his friends, a celebrated historical writer, had died of the disease. In that case it had begun near the spine and had travelled through to the sternum, causing much suffering for several years.

About a year ago he had had a case which he was now certain was one of actinomycosis, although at the time he was sceptical about it, inasmuch as the specimens found in the pus resembled leptothrix, none having the club form, which he then thought was necessary in order to establish the diagnosis of actinomycosis. The patient was a well-nourished woman of about thirty-four, and the affection was in the parotid region, from whence it spread forward. The patient stated that it had started in a carious tooth. The face showed thick, indurated excrescences which could be traced under the skin. He made injections about twice a week of a solution composed of fourteen grains each of acid cinnamyl and muriate of cocaine in four drachms of alcohol, using ten or twelve minims at each injection. He had heard of this acid from Landerer, who had used it for another purpose. The effect was beneficial in preventing the spread of the disease, but it took some time to get it under control. During the latter part of the period he had also given iodide of potash, not because he had yet heard of this drug being curative of actinomycosis, but because the patient had been under the care of another physician in the same institution who had made the diagnosis of syphilitic disease, and he continued the antisyphilitic treatment. Whether the credit was due to the injections or to the iodide of potash, the patient was completely cured. He would repeat that while there were yellow bodies in the pus, no clubs were found, although repeated examinations were made by himself and by an expert bacteriologist; nothing was found but threads similar to leptothrix.

Regarding the case reported in the paper, which he had seen

subsequently, he at first suspected syphilitic disease, but Dr. Gallant, who was working with him at the time and who had seen the case with Dr. Syms, told him that a positive diagnosis of actinomycosis had previously been made. Having by this time heard that iodide of potash was useful in these cases, he gave the patient fifteen grains three times a day for three months. When she first came to him she looked in every way like a person who was about to die of cancer. She could not walk alone, but had to be supported by two people, and evidently was in the last stage of exhaustion. Under the treatment she had become strong, could walk to and from the clinic, and was very much improved in body and spirits. When she had first come to him there were large openings and sinuses in the abdomen, about seven in number, which were discharging a good deal of pus. All had since closed and formed indurated masses with the exception of two or three small spots which continued to form crusts.